

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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ANNOUNCEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S38040**

1. Corporation Name

ADMINISTRATION & SERVICES USA INC.

2. Principal Office Address

9940 SW 120 St.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33176

Country

USA

3. Mailing Office Address

P.O. Box 8272

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33255

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-15-1991

5. FEI Number

65-0254010

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alberto B. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

9940 SW 120 St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **July 29, 2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	IGNACIO GOMEZ ACEBO	9940 SW 120 St.	MIAMI, FL. 33176
T/s	ALBERTO B. GONZALEZ	9940 SW 120 St.	MIAMI, FL. 33176

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto B. Gonzalez

Date

July 29, 2000

Daytime Phone #

305-255-6244

KE

CR2E081 (9/99)

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ADMINISTRATION & SERVICES
P.O. BOX 8272
MIAMI, FL 33255

June 26, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

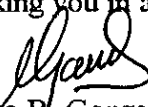
Dear Sirs:

According to a telephone conversation with your Office, I am enclosing our Check. No. 1635 for US\$ 300.00 corresponding to the Corporate Annual Fee for the Years 1999 and 2000.

The reason that we did not paid this Corporate Annual Fee was that we never received the proper Annual Report corresponding to the above mentioned years or even a Reminder for payment; we apologize for the inconvenience and respectfully request the acceptance of this check o cover the above mentioned Annual Fees.

I also would appreciate it if are updated in order that a Corporate Annual Report be issued and mailed to us , so we can pay in a timely basis.

Thanking you in advance for your assistance,


Alberto B. Gonzalez
Register Agent and Treasury/Secretary
9940 SW 120 Street, Miami, FL 33176

CORPORATE INFORMATION: Administration and Services USA Inc.
9940 SW 120 Street, Miami, FL 33176
Mailing Address:
P.O. Box 8272, Miami, FL 33255

Date Incorporated: 3-15-1991
Tax ID 65-0254010

Officers: Ignacio Gomez Acebo (President)
Alberto B Gonzalez (Treasury/Secretary)
(Both same address shown above)